PA	TENT.	APPLICATI Effe	ON FEE I clive Octo			ION RECO	IRD 	•	1077	5	443	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	O.F	,	R THAN ENTITY
TOTAL CLAIMS			27		· I		Γ	RATE	FEE	7	RATE	FEE
FOR			MUMBER FILED		NUMBER EXTRA			ASIC FE	₹ 385.00	٦,,	BASIC FE	
TOTAL CHARGEABLE CLAIMS			27 minus 20=		• 7		Ī	XS 9=		OR		Ph
NDEPENI	DENT C	LAIMS	2:	ninus 3 =	.0		ŀ	X43=	<b>†</b>	┨¨`		ľ .
MULTIPLE	DEPE	IDENT CLAIM I	PRESENT	-				┼	POR	7.00-		
* If the difference in column 1 is less than zero, enter "0						column 2	L	+145=	<u> </u>	OR		CV#
ci claims as amended - Part II								TOTAL	<u></u>	JOR		846
8/1)	105	(Column 1)		Colum		(Column 3)		SMALL	ENTITY	OR	OTHER	
4	,	CLAIMS REMAINING • AFTER		NUME PREVIO	ST ER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
T tai		. 24	Minus	PAID!	7		t	XS 9=	FEE	OR	XS18=	FEE
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								V421		OR	A803	
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1-5	2-07	(Column 1)		(Colum		(Cotumn 3)						
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FIRST	PRESE	-		$\overline{}$	OR	700-						
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2/3/	106	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER ISLY	PRESENT EXTRA	F	ME	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
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FORM PTO-476 (Rev. 1903)

Application or Docket Number

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